

Name
in
Full

Miss A. S. Braler

CERTIFICATE OF DEATH

Town

County

MARYLAND

Died at

Bulter

Date

of death 1908

Month

July

Day

11

Age

Years

69

Months

7

Days

Sex

Female

Color or
Race

White

Birth-
place

Pa

Occupation

Housewife

Where Residing if not
at place of death

J. R. Williams

Married, Single
or Widowed

Widow

Name of Wife or
Husband

A. S. Braler

Father's
Name

B. Swins

Father's
Birthplace

Pa

Mother's
Maiden Name

Unknown

Mother's
Birthplace

Unknown

Name of person giving
Information

J. S. Braler

How related
to deceased

Son

CAUSES OF DEATH

60

Primary

Cerebrius

How long

6 days

Immediate

Ethrousalion

How long

Shut white

Are the name, age, sex, color, date
and place correctly given above?

Yes

Signature of
Physician

Address

G. O. Monahan

Waldorf
Mer

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

Nannie Green

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

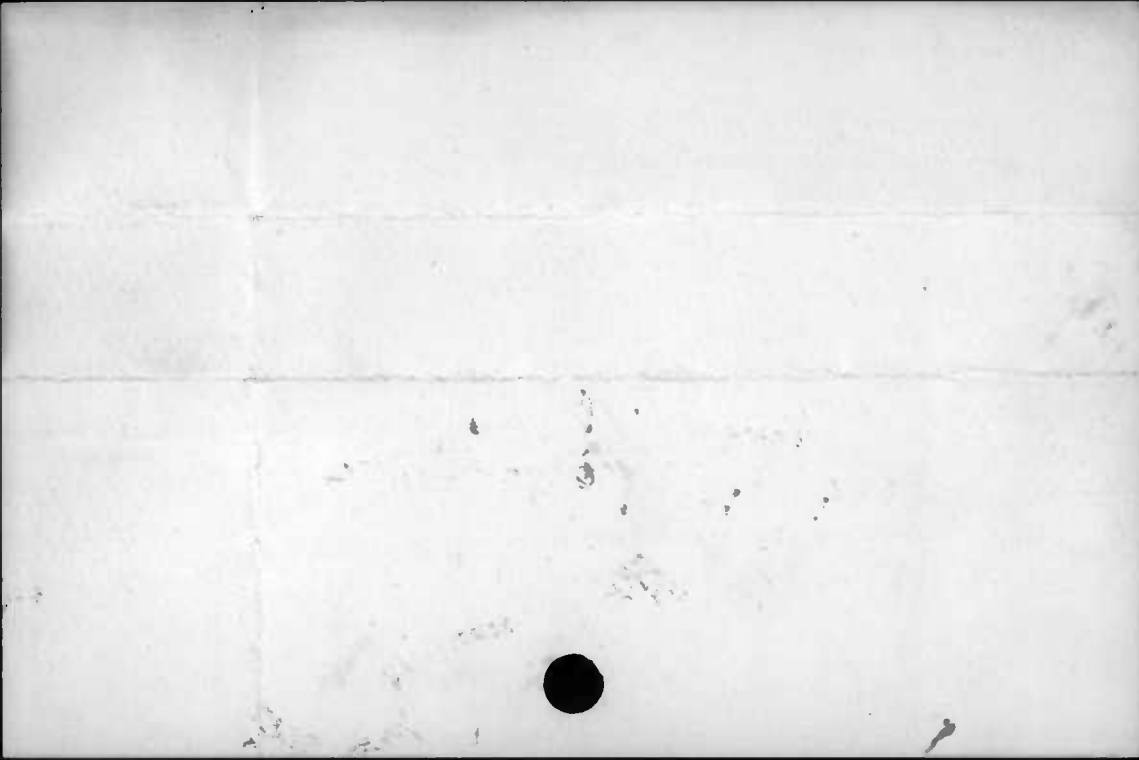
Died at <i>near Newboud</i>		Town <i>Chas</i>		County		MARYLAND	
Date of death	1908	Month	July	Day	26	Years	Age 27
Sex	Female	Color or Race	Colored	Birth-place		Chas Co	
Occupation	Domestic		Where Residing if not at place of death		Near Newboud		
Married, Single or Widowed	Married		Name of Wife or Husband		Nannie Green Webster Deane		
Father's Name	John Edward Green				Father's Birthplace		
Mother's Maiden Name	Bettie Woodland				Mother's Birthplace		
Name of person giving information	Sister Green				How related to deceased		
				Sister			

CAUSES OF DEATH

136

PHYSICIAN
OR CORONER

Primary	<i>Labor</i>	How long	<i>4 or 5 days.</i>
Immediate	<i>One year contending + died from</i>	How long	<i>3 days.</i>
Are the name, age, sex, color, date and place correctly given above?	<i>yes</i>	Signature of Physician	<i>E. J. Green + T. S. Higdon,</i>
		Address	<i>Ad Alton + Nonsville</i>
Accident or Suicide?			<i>Ind.</i>



Name
in
Full

Catharine Ford

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

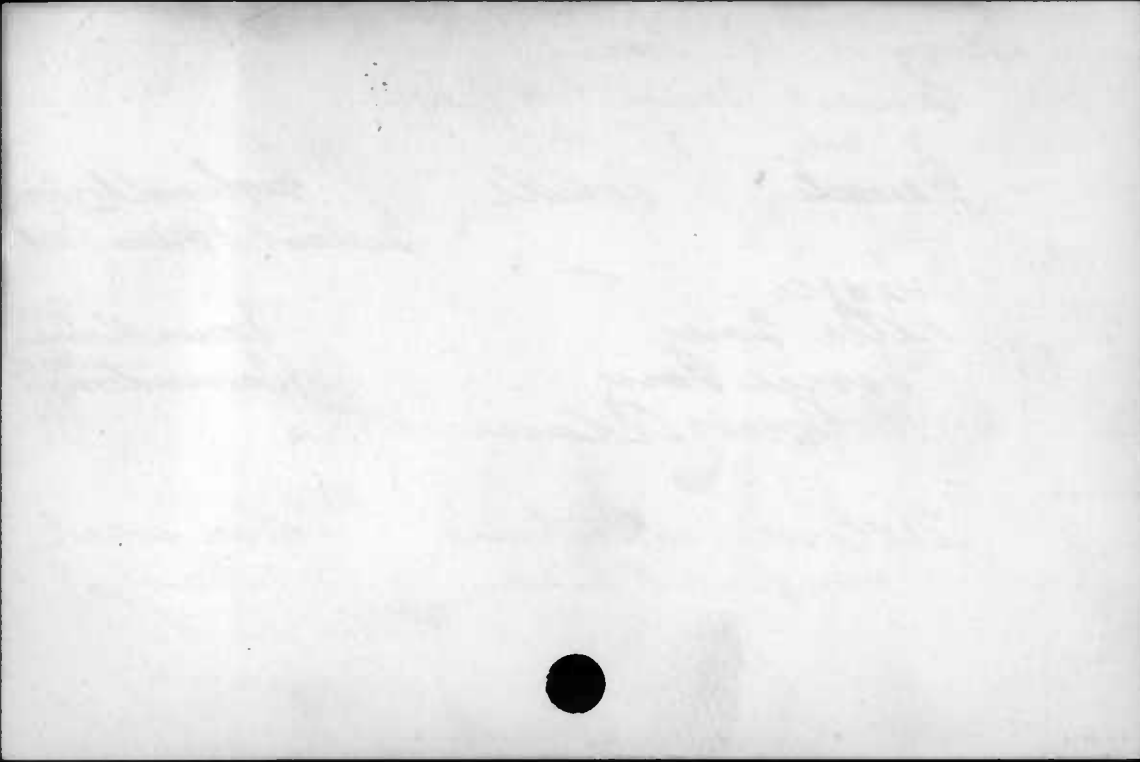
Town			County			MARYLAND		
Died at			Charles					
Date of death		Month	Day	Years	Months		Days	
1908		July	13	Age	21			
Sex		Color or Race		Birth-place				
Female		Black		Md				
Occupation				Where Residing if not at place of death				
book								
Married, Single or Widowed		Name of Wife or Husband						
Single								
Father's Name				Father's Birthplace				
Dallas Ford				Md				
Mother's Maiden Name				Mother's Birthplace				
Rose Smallwood				Md				
Name of person giving information				How related to deceased				
Edward Ford				Brother				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary	Consumption	How long	3 yrs
Immediate	Heart-failure	How long	1 day
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician	
yes		J. B. Shopshire Md	
		Address	
		Dyersville Md	
Accident or Suicide?			



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at

Town

County

MARYLAND

Date

Month

Day

Years

Months

Days

of death

Age

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
informationHow related
to deceased

CAUSES OF DEATH

105

Primary

How long

Immediate

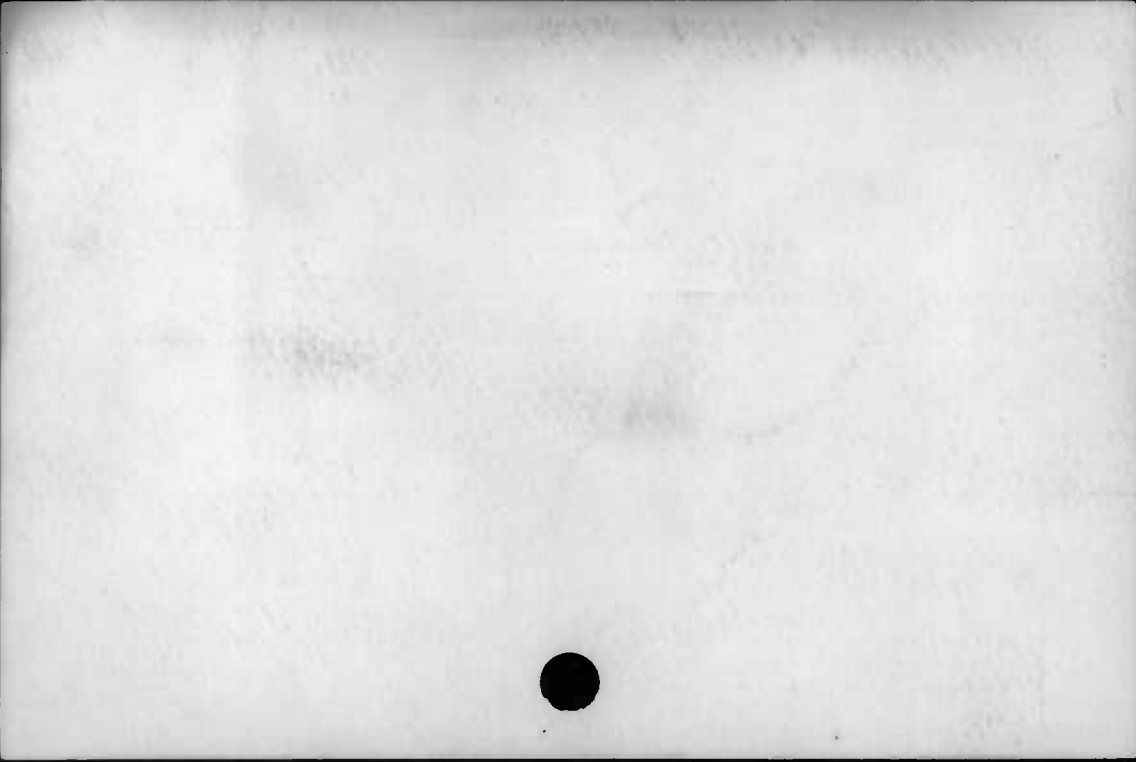
How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?

PHYSICIAN
OR CORONER



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

James B. Maddox
Shiloh Town
Cheslers County

CERTIFICATE OF DEATH

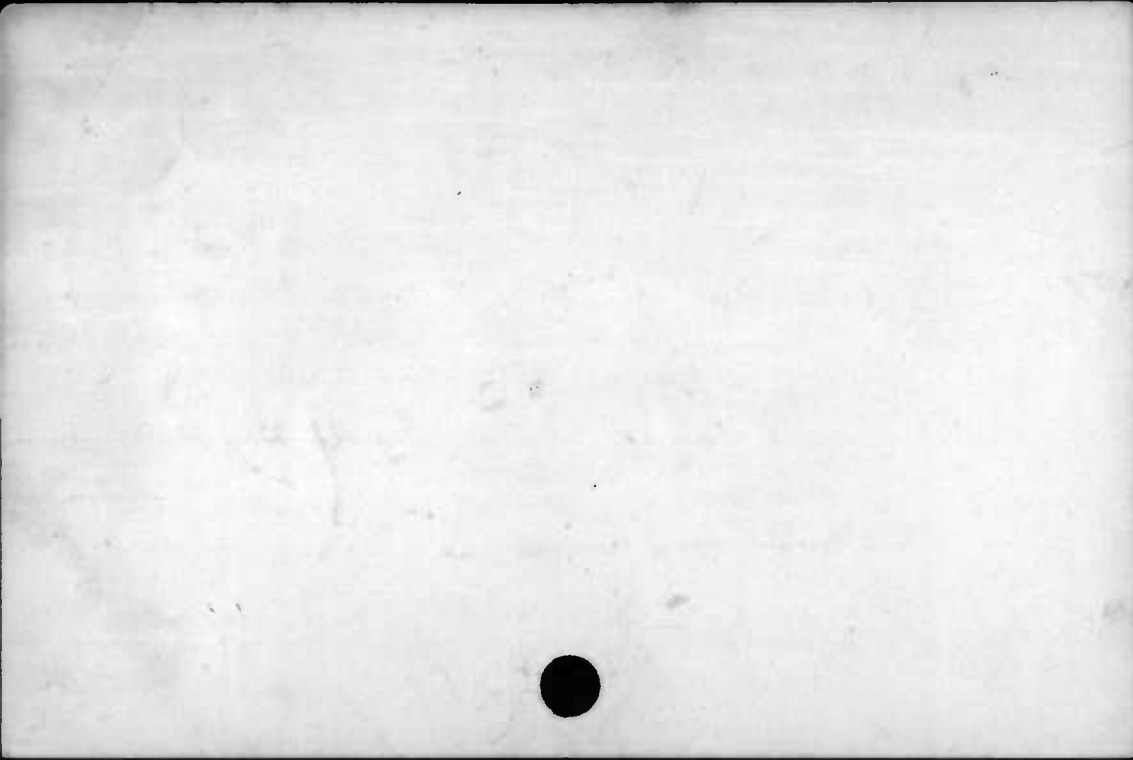
MARYLAND

Died at	Shiloh		Cheslers			
Date of death	1908	Month July	Day 13	Age 60	Months	Days
Sex	Male		Color or Race	White		Birth-place
Occupation	Merchant		Where Residing if not at place of death		Shiloh	
Married, Single or Widowed	Single		Name of Wife or Husband			
Father's Name	John Maddox				Father's Birthplace	unknown
Mother's Maiden Name	Agnes Jones				Mother's Birthplace	unknown
Name of person giving information	John E. Simpson				How related to deceased	None

CAUSES OF DEATH

80
How long
Immediate
How long

Primary	Angina Pectoris		How long	Immediate	
Immediate			How long		
Are the name, age, sex, color, date and place correctly given above?		Signature of Physician			
9		Address			
Accident or Suicide?		L. L. Higdon, Mayor			



Name
in
Full

Johnny Mathews

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Welcome</i> Town		<i>Ches</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>9</i>	Day <i>19</i>	Age <i>26</i>	Months	Days
Sex <i>Male</i>	Color or Race <i>Black</i>		Birth-place <i>Ches B. M.</i>		
Occupation <i>Farmer</i>			Where Residing if not at place of death <i>Ches B. M.</i>		
Married, Single or Widowed <i>Married</i>	Name of Wife or Husband <i>Lorna Mathews</i>				
Father's Name <i>Allegus Mathews</i>	Father's Birthplace <i>Ches B. M.</i>				
Mother's Maiden Name <i>Eliza Bryan</i>	Mother's Birthplace <i>" "</i>				
Name of person giving information <i>Allegus Mathews</i>	How related to deceased <i>Father</i>				

CAUSES OF DEATH

27

PHYSICIAN
OR CORONER

Primary <i>Consumption</i>	How long <i>1 yr</i>
Immediate	How long
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>W. H. Brown</i>
	Address <i>W. H. Brown</i> <i>Seaboard Reg</i>
Accident or Suicide? <i>No</i>	

W. F. Browne

Inc Ray

Name
in
Full

Still

Key

CERTIFICATE OF DEATH

Town

County

Charles

MARYLAND

Died at

Date

Month

Day

Years

Months

Days

of death

190

8

July

20

Age

Years

Months

Days

Sex

male

Color or
Race

Black

Birth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
Name

William Key

Father's
BirthplaceMother's
Maiden Name

Sarah Butler

Mother's
BirthplaceName of person giving
In formation

James Butler

How related
to deceased

grandfather

CAUSES OF DEATH

Primary

Still born

How long

Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

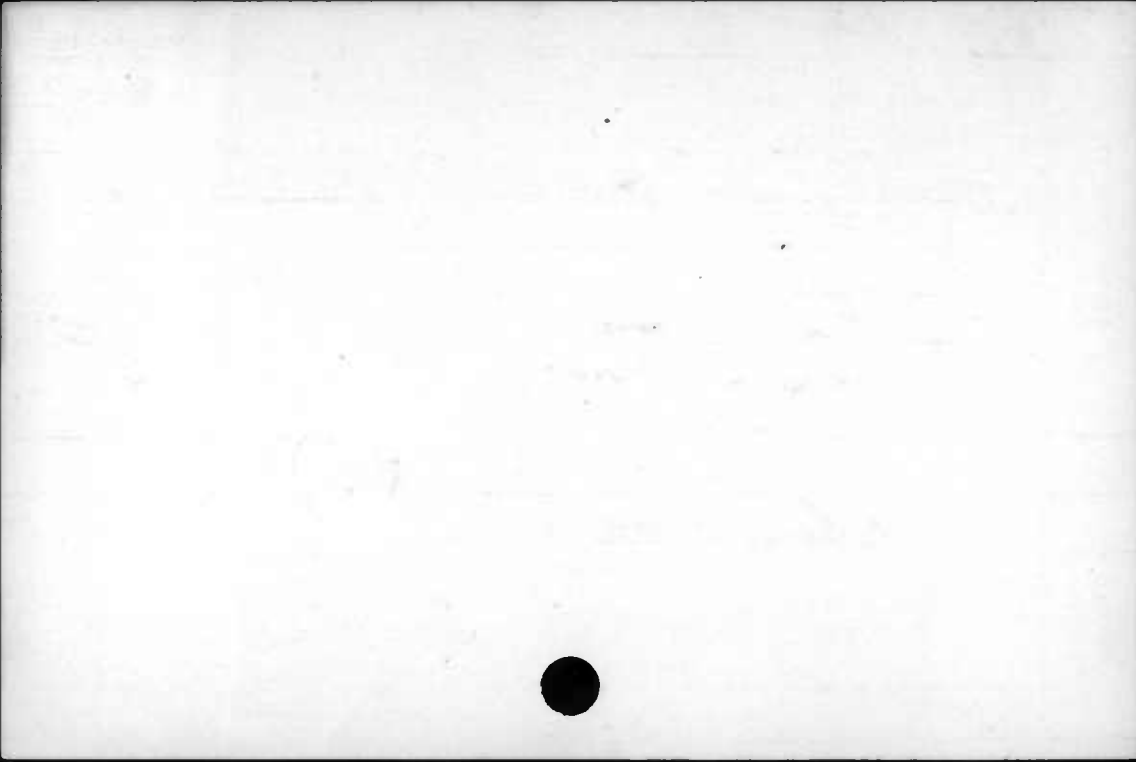
Address

James H. Wheeler

Sub-Registrar

Accident or Suicide?

TO BE ANSWERED BY
NEAREST FRIENDPHYSICIAN
OR CORONER



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Floyd Rison.

MARYLAND

Died at *Marbury*

Age

Years

Months

Days

Date

of death 190

Month

Day

Age

Years

Months

Days

Sex

Color or
RaceBirth-
place

Occupation

Where Residing if not
at place of deathMarried, Single
or WidowedName of Wife or
HusbandFather's
NameFather's
BirthplaceMother's
Maiden NameMother's
BirthplaceName of person giving
In formationHow related
to deceased

CAUSES OF DEATH

105

Primary

How long

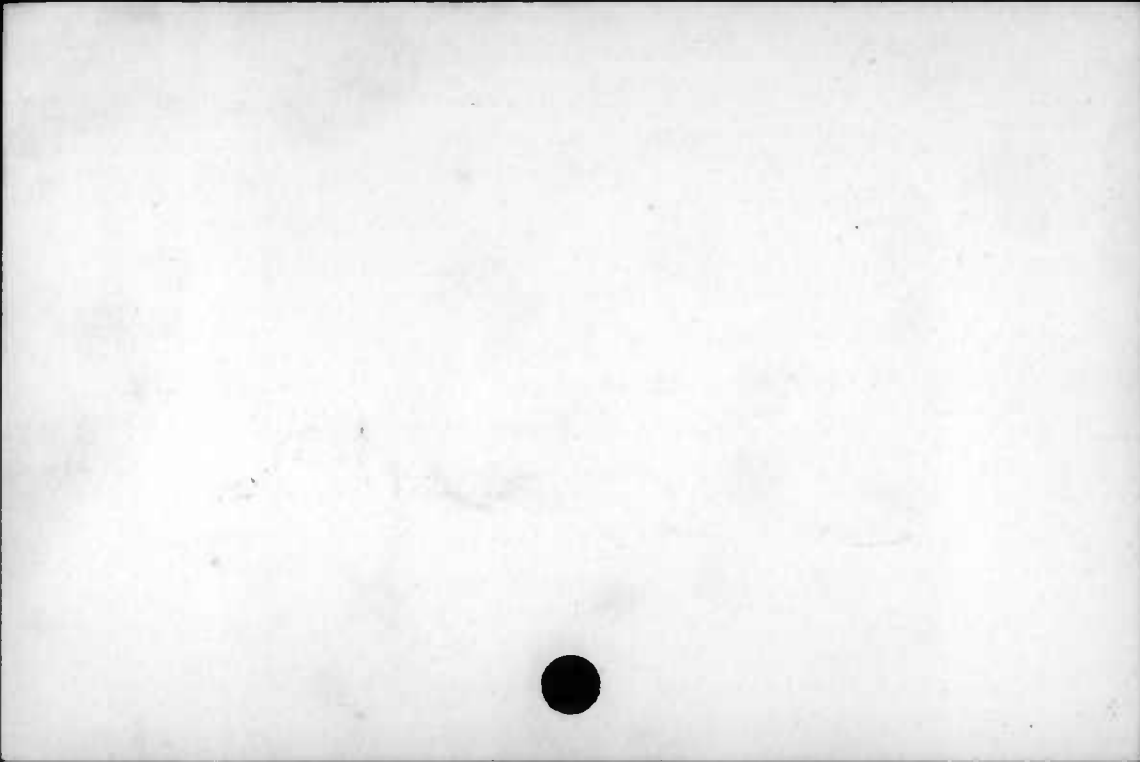
Immediate

How long

Are the name, age, sex, color, date
and place correctly given above?Signature of
Physician

Address

Accident or Suicide?



Name
in
Full

Ross Still Born

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

MARYLAND

Died at Town *Charles* County *Charles*

Date of death *1908* Month *July* Day *6* Age *Years* Months *Days*

Sex *Female* Color or Race *Black* Birth-place *Ind*

Occupation *Where Residing if not at place of death*

Married, Single
or WidowedName of Wife or
HusbandFather's
Name*William Ross*Father's
Birthplace*Ind*Mother's
Maiden Name*Florence Dent*Mother's
Birthplace*Ind*Name of person giving
In formation*William Ross*How related
to deceased*Father*

CAUSES OF DEATH

*(S)*PHYSICIAN
OR CORONER

Primary

Still Born

How long

Immediate

How long

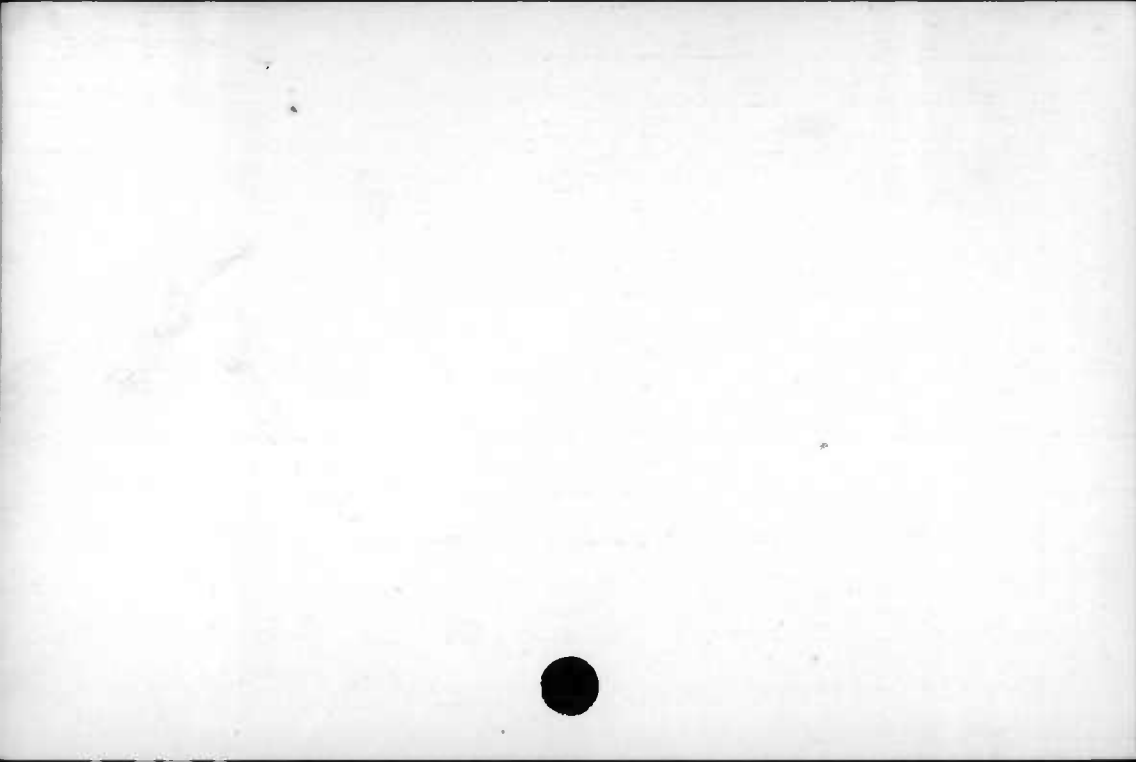
Are the name, age, sex, color, date
and place correctly given above?*yes*Signature of
Physician

Address

*James M. Wheeler
Sub-Registrar*

Accident or Suicide?

—



Name
in
Full

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Julian G. Roby

Died at *Mar. White Plains* ^{Town} *Lehigh* ^{County}

DATE of death *1908* ^{Month} *July* ^{Day} *28* ^{Years} *—* ^{Months} *5* ^{Days} *—*

Sex *Male* Color or Race *White* Birth-place *Pa.*

Occupation *—* Where Residing if not at place of death *—*

Married, Single *—* or Widowed Name of Wife or Husband *—*

Father's Name *Julian G. Roby* Father's Birthplace *Pa.*

Mother's Maiden Name *Margaret Roby* Mother's Birthplace *Pa.*

Name of person giving information *Julian G. Roby* How related to deceased *Father*

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary *Cholera Infantum* How long *3 hours*

Immediate *Exhaustion* How long *—*

Are the name, age, sex, color, date and place correctly given above? *Yes*

Signature of Physician *G. A. Gorman*

Address *Ward*

Accident or Suicide? *—*



Name
in
Full

Lessie Simmons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Chicamuren</i> Town		<i>Charles</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>19</i>	Age <i>2</i>	Years <i>7</i>	Months <i>7</i> Days
Sex <i>Female</i>	Color or Race <i>collord</i>		Birth-place <i>Charles co Md.</i>		
Occupation <i>none</i>		Where Residing if not at place of death <i>—</i>			
Married, Single or Widowed <i>Single</i>	Name of Wife or Husband <i>none</i>				
Father's Name <i>Phillip Simmon</i>	Father's Birthplace <i>Charles co. Md.</i>				
Mother's Maiden Name <i>Sarah F. Simmons</i>	Mother's Birthplace <i>Charles co. Md.</i>				
Name of person giving information <i>McKenly Simmons</i>	How related to deceased <i>Brother</i>				

CAUSES OF DEATH

179

PHYSICIAN
OR CORONER

Primary <i>Unknown</i>	How long <i>Unknown</i>
Immediate <i>Unknown</i>	How long <i>Unknown</i>
Are the name, age, sex, color, date and place correctly given above? <i>yes.</i>	Signature of Physician <i>No physician attending</i>
<i>Charles D Carpenter</i> Sub-Registrar 2nd	Address <i>Bigah Charles co. Md.</i>
Accident or Suicide?	



Name
in
Full

Albert Swann

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

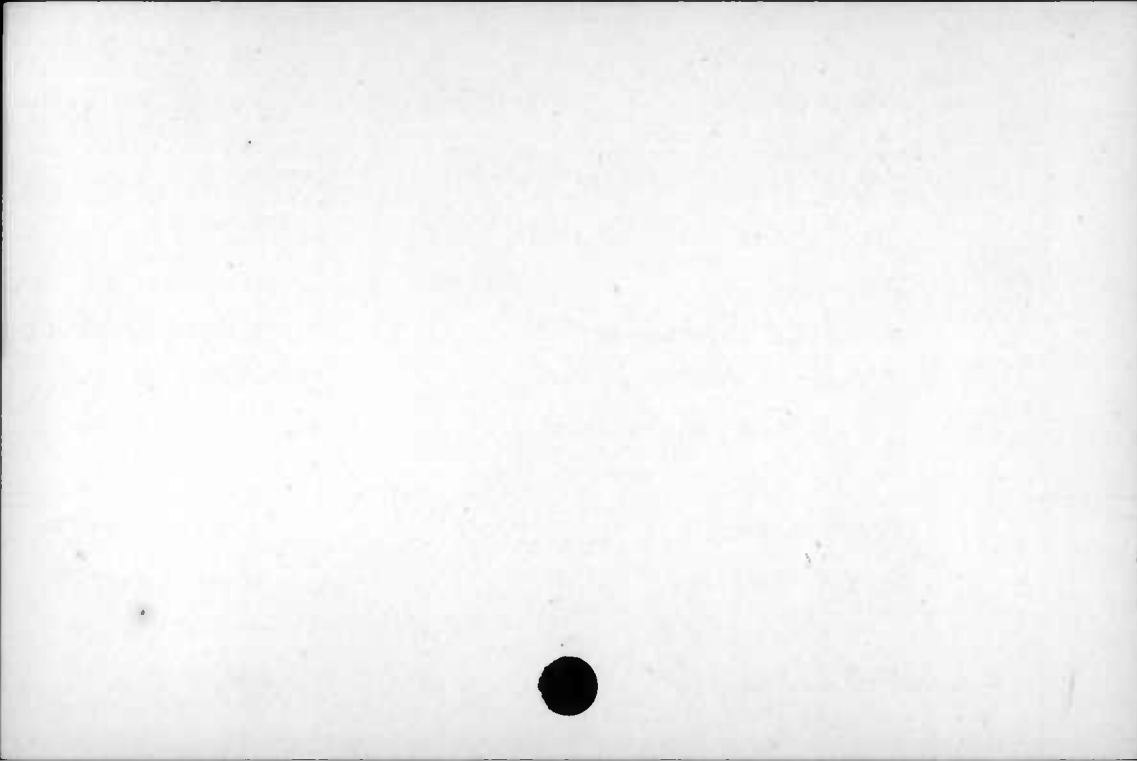
Died at <i>Chickomuxen</i>		Town <i>Charles</i>		County <i>Charles</i>		MARYLAND	
Date of death	1908	Month	July	Day	9	Age	Years <i>5</i> Months <i>5</i> Days <i>5</i>
Sex	Male		Color or Race	colloid		Birth-place	Baltimore Md
Occupation	none			Where Residing if not at place of death			
Married, Single or Widowed	Single		Name of Wife or Husband	none			
Father's Name	William Swann					Father's Birthplace	Chas. Co Md
Mother's Maiden Name	Mattie Hart					Mother's Birthplace	Chas. Co Md
Name of person giving information	Samuel Hart					How related to deceased	uncle

CAUSES OF DEATH

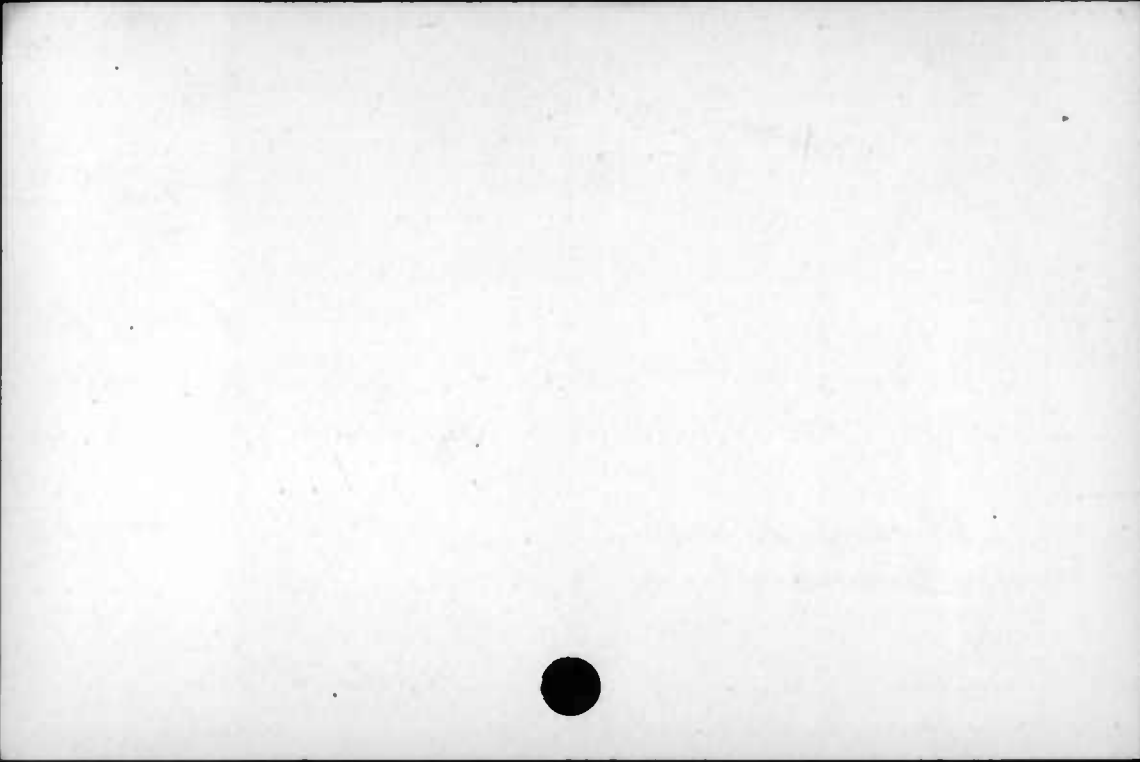
179

PHYSICIAN
OR CORONER

Primary	Unknown	How long	Unknown
Immediate	Unknown	How long	Unknown
Are the name, age, sex, color, date and place correctly given above?	yes	Signature of Physician	No Physician in attendance
	Charles D Carpenter	Address	Pisgah Charles county Md.
Accident or Suicide?	Suf. Register		



Name in Full		Town				County		CERTIFICATE OF DEATH					
TO BE ANSWERED BY NEAREST FRIEND		Died at <i>Indian Head</i>				<i>Charles</i>		MARYLAND					
		Date of death <i>1908 July</i>		Month <i>11</i>		Day <i>11</i>		Age <i>—</i>		Years <i>—</i>			
		Sex <i>Female</i>		Color or Race <i>Colored</i>		Birth-place <i>Chas. Co. Md.</i>		Months <i>—</i>		Days <i>21</i>			
		Occupation <i>none</i>				Where Residing if not at place of death <i>—</i>							
		Married, Single or Widowed <i>Singled</i>		Name of Wife or Husband <i>none</i>									
		Father's Name <i>Lennie Swann</i>				Father's Birthplace <i>Chas. Co. Md.</i>							
PHYSICIAN OR CORONER		Mother's Maiden Name <i>Katie Swann</i>				Mother's Birthplace <i>Chas. Co. Md.</i>							
		Name of person giving information <i>Katie Swann</i>				How related to deceased <i>Mother</i>							
		CAUSES OF DEATH								(179)			
		Primary <i>unknown</i>				How long <i>unknown</i>							
Immediate <i>unknown</i>				How long <i>unknown</i>									
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>				Signature of Physician <i>no Physician in attendance</i>									
<i>Charles Carpenter</i>				Address <i>Pisgah Md.</i>									
Accident or Suicide? <i>Sub. Reg.</i>													



Name
in
Full

Philip M Swawn Jr.

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

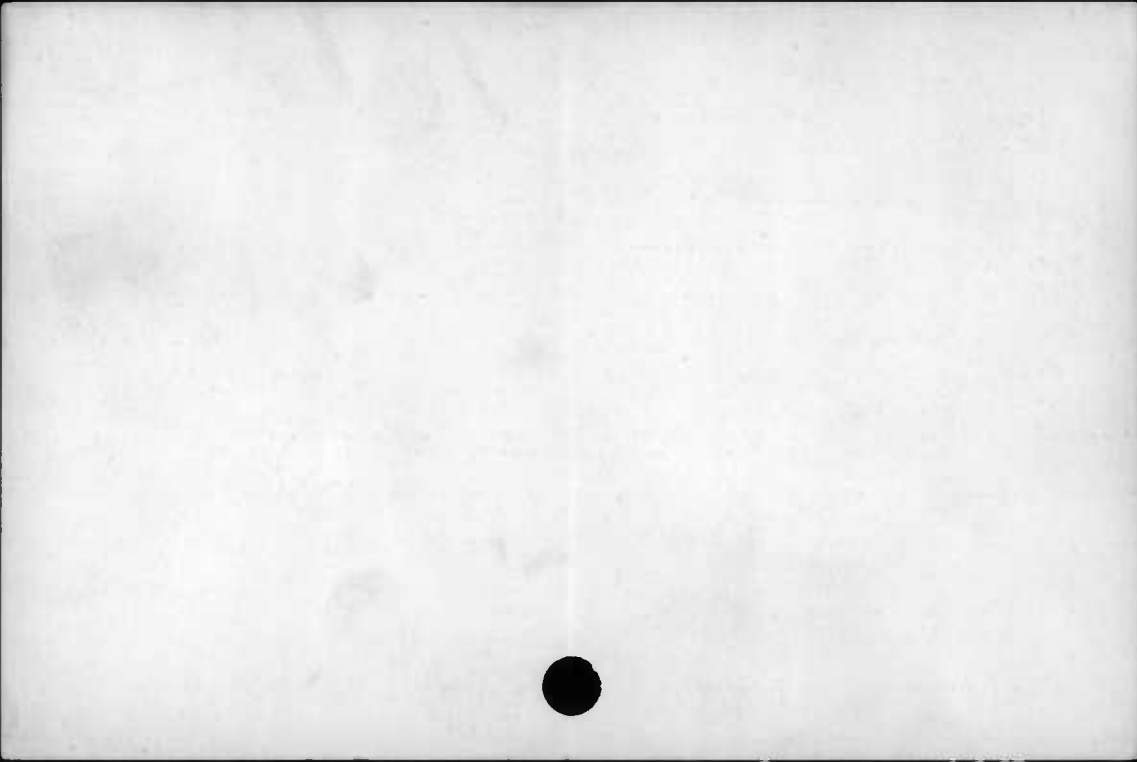
Died at <i>New Port Tobacco</i> <small>Town</small>			<i>Charles</i> <small>County</small>			MARYLAND	
Date of death	<i>1908</i>	Month <i>July</i>	Day <i>19</i>	Age <i>42</i>	Years <i>42</i>	Months —	Days —
Sex <i>Male</i>	Color or Race <i>white</i>		Birth-place <i>St. Marys Co</i>				
Occupation <i>farmer</i>			Where Residing if not at place of death —				
Married, Single or Widowed <i>married</i>			Name of Wife or Husband <i>Berulah Swawn</i>				
Father's Name <i>Philip M. Swawn Sr.</i>			Father's Birthplace <i>St. Marys Co</i>				
Mother's Maiden Name <i>George Anna Mattingly</i>			Mother's Birthplace <i>St. Marys Co</i>				
Name of person giving information <i>Joshua Swawn</i>			How related to deceased <i>brother</i>				

CAUSES OF DEATH

13

PHYSICIAN
OR CORONER

Primary <i>Cholera Morbus</i>	How long <i>about 12 hours</i>
Immediate <i>General collapse - Heart failure</i>	How long —
Are the name, age, sex, color, date and place correctly given above? <i>yes</i>	Signature of Physician <i>Thos J Owen M.D.</i>
Accident or Suicide? <i>no</i>	Address <i>La Plata Md</i>



Name
in
Full

Hubert Williams

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at <i>Waverly</i> Town		<i>Lehigh</i> County		MARYLAND	
Date of death <i>1908</i>	Month <i>July</i>	Day <i>19</i>	Age <i>1</i> Years	Months	Days <i>2</i>
Sex <i>Male</i>	Color or Race <i>White</i>		Birth-place <i>Washington DC</i>		
Occupation <i>—</i>			Where Residing if not at place of death <i>—</i>		
Married, Single or Widowed <i>—</i>		Name of Wife or Husband <i>—</i>			
Father's Name <i>Dudley Roby</i>			Father's Birthplace <i>Ind</i>		
Mother's Maiden Name <i>Lorine Williams</i>			Mother's Birthplace <i>Ind</i>		
Name of person giving information <i>Lem Williams</i>			How related to deceased <i>Grandfather</i>		

CAUSES OF DEATH

105

PHYSICIAN
OR CORONER

Primary <i>Cholera Infantum</i>	How long <i>Two days</i>
Immediate <i>Epidemic</i>	How long <i>Short while</i>
Are the name, age, sex, color, date and place correctly given above? <i>Yes</i>	Signature of Physician <i>L. O. Thomas</i>
<i>[Signature]</i>	Address <i>2020 1/2</i>
	<i>Ind</i>
Accident or Suicide? <i>—</i>	

